



National Assistive Technology Act Data System
State Plan - Full Report
Rhode Island 2024

General Information

Statewide AT Program (Information to be listed in national State AT Program Directory)

State AT Program Title	Rhode Island Assistive Technnology Access Partnership
State AT Program URL	https://ors.ri.gov/programs/assistive-technology-access-partnership-atap
Mailing Address	40 Fountain Street
City	Providence
State	Rhode Island
Zip Code	02903
Program Email	jennifer.fiske@ors.ri.gov
Phone	401-871-1145
TTY	401-222-1328

Lead Agency

Agency Name	Office of Rehabilitation Services
Mailing Address	40 Fountain Street
City	Providence
State	Rhode island
Zip Code	02903
Program URL	https://ors.ri.gov

Implementing Entity

Does your Lead Agency contract with an Implementing Entity to carry out the Statewide AT Program on its behalf? N/A	
Name of Implementing Agency	
Mailing Address	

City	
State	
Zip Code	
Program URL	

General Information (Continued...)

Program Director and Other Contacts

Program Director for State AT Program (last, first)	Jennifer Fiske
Title	ATAP Director/Assistant Administrator
Phone	401-871-1145
E-mail	jennifer.fiske@ors.ri.gov
Program Director at Lead Agency (last, first)	same as above
Title	
Phone	
E-mail	
Primary Contact at Implementing Agency (last, first) - If applicable	
Title	
Phone	
E-mail	

Person Responsible for completing this form if other than Program Director

Name (last, first)	
Title	
Phone	
E-mail	

Certifying Representative

Name (last, first)	Fiske, Jennifer
Title	ATAP Director/Assistant Administrator
Phone	401-871-1145
E-mail	jennifer.fiske@ors.ri.gov

Module A: Change in Lead Agency or Implementing Entity

- Does your Lead Agency contract with an Implementing Entity to carry out the Statewide AT Program on its behalf (From General Information)? No
2. Is the Lead Agency named in this State Plan a new or different Lead Agency from the one designated by the Governor in your previous State Plan? No
3. Is the Implementing Entity named in this State Plan a new or different Implementing Entity from the one designated by the Governor in the previous State Plan? No

Module B: Advisory Council

1. How many representatives of the designated State agency for Vocational Rehabilitation are members of the advisory council? 2
2. How many representatives of the designated State agency for Vocational Rehabilitation for individuals who are blind are members of the advisory council (when there is such a separate VR agency for individuals who are blind)? 1
3. How many representatives of a state Center for Independent Living are members of the advisory council?. 1
4. How many representatives of the State workforce development board established under the Workforce Innovation and Opportunity Act are members of the advisory council? 0
- 4.1 Please provide the reason(s) the Advisory Council does not have this required agency representative member and describe the actions that will be taken to become in compliance for Question 4.
The Office of Rehabilitation Services Director is a State Workforce Board Member. He is not currently a RICAT member, however he does attend meetings frequently.
5. How many representatives of the State educational agency are members of the advisory council? 1
6. Do you have an alternative financing program (AFP) for assistive technology in your state/territory that is separate from the State AT Program and is operated by a non-profit entity? No
- 6.1. If yes, how many representatives of an alternative financing program (AFP) are members of the advisory council? 0
7. How many representatives of the following agencies and/or organizations are members of the advisory council? 2
(At least one is required by the AT Act.)
- Medicaid state agency 0
 - State agency administering Developmental Disabilities Act 0
 - State agency administering or organization funded under Older Americans Act 0
 - Organization representing veterans 0
 - University Center for Excellence in Developmental Disabilities (UCEDD) 0
 - State Protection and Advocacy System 1
 - State Council on Developmental Disabilities 1
8. How many additional representatives of other agencies and/or organizations are members of the advisory council? 2
- Early Intervention/Child Services state agency 0
 - State Deaf/Hard of Hearing Commission/Office 1
 - State Insurance agency 0
 - State Library/Secretary of State/Talking Books agency 0
 - State ADA Office/Disability Commission/Advocacy Office 0
 - State Legislators 0
 - State Parent Training Information Center (IDEA funded) 1
 - Other (description required in text box below) 0
 - Describe Other Agency
9. How many individuals with disabilities who use assistive technology or their family members or guardians are members of the advisory council? 10

Advisory Council Calculation

Description	Number
Individuals with disabilities that use AT or their family members or guardians on the advisory council	10
Total number of individuals on the advisory council	19
Percentage	52.63%

10. In accordance with section 4(c)(2) of the AT Act of 1998, as amended our state has a consumer-majority advisory council that provides consumer-responsive, consumer-driven advice to the state for planning of, implementation of, and evaluation of the activities carried out through the grant, including setting measurable goals. This advisory council is geographically Yes

representative of the State and reflects the diversity of the State with respect to race, ethnicity, and types of disabilities across the age span, and users of types of services that an individual with a disability may receive.

11. Procedures are in place to ensure that the Advisory Council members are geographically representative of the State and reflects the diversity of the State with respect to race, ethnicity, age, and types of disabilities, and users of types of services that an individual with a disability may receive, including home and community-based services (as defined in section 9817 (a)(2) of the American Rescue Plan Act of 2021 (42 U.S.C. 1396d not)), vocational rehabilitation services (as defined in section 7 of the Rehabilitation Act of 1973 (29 U.S.C. 705)) and services through the Individuals with Disabilities Education Act (20 U.S.C. 1400 et seq.)

Module C: Actual Expenditures and Budgeted Allocations

1. Actual Expenditures Carryover Year Close-out

In the following table provide the actual expenditure data for the closed-out carryover fiscal year AT grant award (liquidated the previous December 31). Please note, this data is for a specific year AT Act grant award amount, NOT any specific 12 month period of time as funds from a grant award can be obligated over more than that initial 12 month period.

For the State Plan submitted in 2024, you will report the closed-out grant award for FY21. The grant began 10/1/2020 with the first year ending on 9/30/2021, the first carryover year ended on 9/30/2022 and the second carryover year ended on 9/30/2023 with the 3 month liquidation period ending 12/31/2023.

Actual Expenditures for Closed-out Carryover Year Award	Final Expenditures	Percentage	Requirements
a. All State Level Activities	\$274,522.00	68.11%	The AT Act required state level expenditures to be at least 60% of grant award. If flexibility is claimed, at least 70% is required.
b. All State Leadership Activities	\$128,533.00	31.89%	
c. Total Expenditures	\$403,055.00		
d. Total Award	\$403,055.00		
e. Lapsed Amount	\$0.00	0.00%	
f. Transition Training & Technical Assistance Set Aside	\$6,427.00	5.00%	The AT Act requires at least 5% of state leadership expenditures to be spent on transition activities.

Module C: Actual Expenditures and Budgeted Allocations (Continued...)

2. Actual YTD Expenditures and Budgeted Allocations for Preceding Year Award

In the following table provide year-to-date (YTD) obligated and liquidated expenditure data for the preceding fiscal year AT grant award along with planned budget allocations for the unobligated remainder of that award. Please note, this data is for a specific year AT Act grant award amount, NOT any specific 12 month period of time as funds from a grant award can be obligated over a 24 month period.

For the State Plan submitted in 2024, you will report year to date FY22 grant award expenditures. This grant began 10/1/2021 with the initial award year ending on 9/30/2022 and the carryover year ended on 9/30/2023. Many programs received a no cost extension which extended the obligation date to 9/30/2024

The total grant award for was **\$413,610.00**

Actual & Planned Immediate Preceding Year Award Expenditures	YTD Obligated not Liquidated Expenditures	YTD Liquidated Expenditures	Planned not yet Obligated Expenditures	Total
All State Level Activities	\$295,000.00	\$0.00	\$0.00	\$295,000.00
All State Leadership Activities	\$118,610.00	\$0.00	\$0.00	\$118,610.00
Total	\$413,610.00	\$0.00	\$0.00	\$413,610.00
Transition Training & Technical Assistance	\$20,720.00	\$0.00	\$0.00	\$20,720.00

Module D: State Level Activity Summary

1. Which State Financing Activities do you conduct?

- Other State Financing that directly provides AT (telecommunications programs, etc.)

2. Which Reutilization Activities do you conduct?

- Device Exchange
- Device Reassignment or Open Ended Loan

3. Do you conduct Short-term Device Loans?

Yes

4. Do you conduct Device Demonstrations?

Yes

Module F: Other State Financing Activities that Directly Provides AT

1. Which of the following activity/activities are conducted? (select all that apply)

Identify all types of other state financing programs that directly provide AT that are conducted.

- Telecommunications Equipment Distribution Program (EDP)-State
- Home Modification Program

2. Select the one option that best describes who conducts this activity/activities.

The Statewide AT Program (State AT)

3. Select the one option that best describes from where this activity/activities is conducted.

A combination of a central location and regional sites (Combination)

4. Do you charge a fee for this activity/activities? (select one)

No

5. Identify the types of collaborations you have in place to conduct this activity/activities.

Banks/Financial Institution (select any/all)

Independent Living Center (select any/all)

- Have written agreement with this entity
- Provide financial support to this entity

Easter Seals (select any/all)

Disability/Assistive Technology Organizations (select any/all)

- Have written agreement with this entity
- Provide financial support to this entity

Federal Entities/Agencies (select any/all)

State Entities/Agencies (select any/all)

- Have written agreement with this entity
- Receive financial support from this entity

Module F: Other State Financing Activities that Directly Provides AT (Continued...)

Local/Community Entities (select any/all)
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Private Entities (select any/all)
--

Other (select any/all)

6. Describe the activity/activities.

The Rhode Island Adaptive Telephone Equipment Loan (ATEL) Program provides landline/home telephones and wireless devices on loan to qualified individuals who are Deaf, Hard of Hearing, have a speech disability, or have neuromuscular damage or disease that hinders them from using a standard telephone. You must be a RI Resident, have one of the above-mentioned disabilities, and meet one of the income qualifier criteria described on the application. The ATEL Program now offers a Hearing and Speech Lab which will offer iPad/iPhone training and have the following devices available for FREE demonstrations, as well as, many devices available for short term loans.

7. The online page for this specific activity can be found at:

<https://ors.ri.gov/programs/adaptive-telephone-equipment-loan-program-atel>
<https://www.oscil.org/technology-equipment-home-mod>

Module H: Device Exchange

1. Select the one option that best describes who conducts this activity.

The Statewide AT Program (State AT)

2. Select the one option that best describes from where this activity is conducted.

A combination of a central location and regional sites (Combination)

3. Do you charge a fee for this activity?

No

4. Identify the types of collaborations you have in place to conduct this activity.

Banks/Financial Institution (select any/all)

Independent Living Center (select any/all)

- Have written agreement with this entity
- Provide financial support to this entity

Easter Seals (select any/all)

Disability/Assistive Technology Organizations (select any/all)

- Have written agreement with this entity
- Provide financial support to this entity

Federal Entities/Agencies (select any/all)

State Entities/Agencies (select any/all)

Module H: Device Exchange (Continued...)

Local/Community Entities (select any/all)

Private Entities (select any/all)

Other (select any/all)

5. Select the option that best describes what happens when a device is exchanged. (select all that apply)

- The transaction is direct consumer-to-consumer
- The Statewide AT Program is involved in the transaction

6. Describe the activity.

Device exchange in Rhode Island can be either consumer to consumer or done through the statewide AT program. In some cases, equipment is exchanged directly from consumer to consumer and in other cases, the AT program manager acts as the facilitator and refers the consumer to one of Rhode Island's four AT Partners for the equipment

7. The online page for this specific activity can be found at: <https://ors.ri.gov/programs/assistive-technology-access-partnership-atap>

Module I: Device Refurbish and Reassignment and/or Open-ended Loan

1. Select the one option that best describes who conducts this activity.

The Statewide AT Program (State AT)

2. Select the one option that best describes from where this activity is conducted.

A combination of a central location and regional sites (Combination)

3. Do you charge a fee for this activity?

No

4. Identify the types of collaborations you have in place to conduct this activity.

Banks/Financial Institution (select any/all)

Independent Living Center (select any/all)

- Have written agreement with this entity
- Provide financial support to this entity

Easter Seals (select any/all)

Disability/Assistive Technology Organizations (select any/all)

- Have written agreement with this entity
- Provide financial support to this entity

Federal Entities/Agencies (select any/all)

State Entities/Agencies (select any/all)

- Have written agreement with this entity
- Provide financial support to this entity

Module I: Device Refurbish and Reassignment and/or Open-ended Loan (Continued...)

Local/Community Entities (select any/all)

Private Entities (select any/all)

Other (select any/all)

5. Select the option(s) that describe how a reutilized device is provided to a recipient. (select all that apply)

- Device ownership is transferred to the recipient
- Device is loaned for as long as the recipient needs it with no ownership transfer

6. Describe the activity.

In Rhode Island, device reuse provides ownership of device to the recipient. The device reuse program is specifically operated by our Independent Living Center. This is because they have the ability and mechanism to professionally clean items for reuse. Open ended loans are provided by three of the four ATAP partners: these usually are for longer term use (over 30 days). The individual receiving the device understands that there is an expectation that if there is another entity to purchase equipment and they have means to obtain another device, then they return the reuse equipment. The use of comparable benefits is explored before consideration of an open-ended loan.

7. The online page for this specific activity can be found at: <https://www.oscil.org/technology-equipment-home-mod>

Module J: Device Loan

1. Select the one option that best describes who conducts this activity.

The Statewide AT Program (State AT)

2. Select the one option that best describes from where this activity is conducted.

Regional sites (Regional)

3. Do you charge a fee for this activity?

No

4. Identify the types of collaborations you have in place to conduct this activity.

Banks/Financial Institution (select any/all)

Independent Living Center (select any/all)

- Have written agreement with this entity
- Provide financial support to this entity

Easter Seals (select any/all)

Disability/Assistive Technology Organizations (select any/all)

- Have written agreement with this entity
- Provide financial support to this entity

Federal Entities/Agencies (select any/all)

State Entities/Agencies (select any/all)

- Have written agreement with this entity
- Provide financial support to this entity

Module J: Device Loan (Continued...)

Local/Community Entities (select any/all)

Private Entities (select any/all)

Other (select any/all)

5. Select the option that describes how the majority of devices loaned are delivered to and returned from a borrower. (select one)

The majority of devices are delivered or picked up in-person

6. Describe the activity.

Our Device Loan Program offers individuals in Rhode Island the chance to borrow an available assistive technology devices and resources to help them make an independent decision about what tool might work best for them before making a financial commitment. Individuals can borrow an available device to see what suits their needs or as a short term accommodation if their device is being repaired or they are waiting for the arrival of a purchased device. We also allow professionals, educators, and others to borrow available devices from our inventory for professional development, training, academic/classroom support, and other needs.

7. The online page for this specific activity can be found at: <https://www.techaccess-ri.org/assistive-technology-loans/>

Module K: Device Demonstration

1. Select the one option that best describes who conducts this activity.

The Statewide AT Program (State AT)

2. Select the one option that best describes from where this activity is conducted.

A combination of a central location and regional sites (Combination)

3. Do you charge a fee for this activity?

No

4. Identify the types of collaborations you have in place to conduct this activity.

Banks/Financial Institution (select any/all)

Independent Living Center (select any/all)

- Have written agreement with this entity
- Provide financial support to this entity

Easter Seals (select any/all)

Disability/Assistive Technology Organizations (select any/all)

- Have written agreement with this entity
- Provide financial support to this entity

Federal Entities/Agencies (select any/all)

State Entities/Agencies (select any/all)

- Have written agreement with this entity
- Provide financial support to this entity

Module K: Device Demonstration (Continued...)

Local/Community Entities (select any/all)

Private Entities (select any/all)

Other (select any/all)

5. Describe the activity.

Device Demonstration is provided by all four ATAP partners. Partners are responsible for providing demonstration to individuals, schools, community organizations, senior centers, AT vendor fairs, and any entity that requests a demonstration of equipment. Some device demonstration has been completed through a virtual platform, however most is completed in person. Through Rhode Islands ATEL program, device demonstrations are done statewide at most local senior centers. Additionally, the focus of one of the ATAP partners is Education. That partner presents and demonstrates equipment to teachers for professional development throughout the state.

6. The online page for this specific activity can be found at: <https://ors.ri.gov/programs/assistive-technology-access-partnership-atap/atap-partners>

Module L: Training/Educational Activities

1. Identify the types of collaborations you have in place to conduct this activity.

Banks/Financial Institution (select any/all)

Independent Living Center (select any/all)

- Have written agreement with this entity
- Provide financial support to this entity

Easter Seals (select any/all)

Disability/Assistive Technology Organizations (select any/all)

- Have written agreement with this entity
- Provide financial support to this entity

State Units on Aging (select any/all)

Area Agencies on Aging (select any/all)

State Departments of Education (select any/all)

Local School Districts (select any/all)

Institutions of Higher Education (select any/all)

Hospitals and Health Care Systems (select any/all)

Early Intervention Programs (select any/all)

Federal Entities/Agencies (select any/all)

State Entities/Agencies (select any/all)

Module L: Training (Continued...)

Local/Community Entities (select any/all)

Private Entities (select any/all)

Other (select any/all)

2. Provide a short description of at least one and no more than three planned training activities. One of the activities described must be planned Information and Communication Technology (ICT) accessibility training that will provide the required ICT Training performance measures. If the Statewide AT Program is meeting the transition requirements of the AT Act through training, please describe that planned activity. If the Statewide AT Program sponsors or co-sponsors a statewide conference please include that event as one you describe.

Planned ICT Accessibility Training (required)

Rhode Island's AT program works with various state agencies on accessibility. Training and information is provided on the accessibility of their documents, websites, office space, and presentations. Our AT program has worked with the Office of Healthy Aging, RI Department of Health, RI Department of Human Services to provide support in making sure of accessibility and AT needs.

Planned Transition Training or Other Training Activity (optional)

Rhode Island ATAP continues to be a leader in providing At training throughout the state. Our partners have provided Para Educator training on AT Assessment and Equipment. This training is completed four times per year with different school cohorts participating. Additionally, each para educator training includes two full days devoted specifically to AT training to ensure teachers in Rhode Island have knowledge of different devices and how to use them so they can better support transition aged students. Each of the four ATAP partners have a very different skill set and focus. Frequently, the partners will work together to support an individual or group with training. Also, ATAP and its partners attend any and all fairs/promotional events to get the AT word out.

Planned Statewide Conference or Other Training Activity (optional)

Historically, Rhode Island has sponsored the annual New England Assistive Technology Conference. Unfortunately, due to COVID and other issues, the conference has not run for the past couple of years. ATAP and our partners recognize the need to get the AT information out. In April 2024 ATAP sponsored an Apple Accessibility Training Day. This event was geared toward teachers and it was very successful. In May 2024, ATAP hosted an Assistive Technology Awareness Day. This event showcased all different types of technology with vendors displaying all the newest items. Additionally, at this annual event, Rhode Island ATAP presented a member of the community with the RI Assistive Champion Award. It is a great event. To replace the annual conference, this year Rhode Island ATAP is hosting an Assistive Technology Expo in March 2024. We are in the process of securing vendors and hope to have at least 30 vendors present to showcase their newest and best technology.

3. The online page for this specific activity can be found at: <https://www.techaccess-ri.org/assistive-technology-conference-of-new-england/>

Module M: Technical Assistance

1. Identify the types of collaborations you have in place to conduct this activity.

Banks/Financial Institution (select any/all)

Independent Living Center (select any/all)

- Have written agreement with this entity
- Provide financial support to this entity

Easter Seals (select any/all)

Disability/Assistive Technology Organizations (select any/all)

- Have written agreement with this entity
- Provide financial support to this entity

State Agency on Aging (select any/all)

- Have written agreement with this entity
- Provide financial support to this entity

Area Agencies on Aging (select any/all)

State Departments of Education (select any/all)

Local School Districts (select any/all)

Hospitals and/or Health Systems (select any/all)

Federal Entities/Agencies (select any/all)

State Entities/Agencies (select any/all)

Module M: Technical Assistance (Continued...)

Local/Community Entities (select any/all)

Private Entities (select any/all)

Other (select any/all)

2. Provide a short description of at least one and no more than two planned technical assistance activities. If the Statewide AT Program is meeting the transition requirements of the AT Act through technical assistance, please describe that planned activity.

Planned Transition Technical Assistance or Other Technical Assistance Activity (required)

Training to transition related agencies such as Vocational Rehabilitation, Department of Education, Department of Behavioral Health, was provided on various topics related to Assistive Technology. Many presentations have taken place throughout the state specific to teachers for professional development around the area of AT. An Apple Accessibility Day took place. This training was geared toward teachers and approximately 25 teachers from various districts throughout the state attended.

Planned Other Technical Assistance Activity (optional)

Module N: Public Awareness

1. Identify the types of collaborations you have in place to conduct this activity.

Banks/Financial Institution (select any/all)

Independent Living Center (select any/all)

- Have written agreement with this entity
- Provide financial support to this entity

Easter Seals (select any/all)

Disability/Assistive Technology Organizations (select any/all)

- Have written agreement with this entity
- Provide financial support to this entity

Entities in the statewide and local workforce development systems (select any/all)

State Vocational Rehabilitation Agencies (select any/all)

- Have written agreement with this entity
- Provide financial support to this entity

Aging and Disability Resource Centers (select any/all)

Elementary and Secondary schools (select any/all)

Federal Entities/Agencies (select any/all)

State Entities/Agencies (select any/all)

- Have written agreement with this entity
- Provide financial support to this entity

Module N: Public Awareness (Continued...)

Local/Community Entities (select any/all)

Private Entities (select any/all)

Other (select any/all)

2. Provide a short description of at least one and no more than two planned major public awareness activities. If the Statewide AT Program conducts a major ongoing public awareness activity such as an annual AT awareness day with a Governor's Proclamation, please include that activity.

Major Annual Planned or Other Public Awareness Activity (required)

The biggest planned public awareness activity for Rhode Island will be coming up in March. RI is planning an AT Expo. This day will consist of about 30 different AT vendors from the Northeast displaying their technology. We are trying to secure a speaker for this day. Rhode Island did host out annual AT Awareness day. This day was very successful and a local woman was given the RI AT Champion award at this event.

Planned Other Public Awareness Activity (optional)

All four ATAP partners utilize social media to advertise events and highlight their agency accomplishments.

Module O: Information and Assistance

1. Identify the types of collaborations you have in place to conduct this activity.

Banks/Financial Institution (select any/all)

Independent Living Center (select any/all)

- Have written agreement with this entity
- Provide financial support to this entity

Easter Seals (select any/all)

Disability/Assistive Technology Organizations (select any/all)

- Have written agreement with this entity
- Provide financial support to this entity

State Agency on Aging (select any/all)

Area Agencies on Aging (select any/all)

State Aging and Disability Resource Center/No Wrong Door System (select any/all)

State Public Health Department (select any/all)

State Departments of Education (select any/all)

Elementary and Secondary School Systems (select any/all)

Institutions of Higher Education(select any/all)

Early Intervention Programs (select any/all)

Hospitals and/or Health Systems (select any/all)

Federal Entities/Agencies (select any/all)

State Entities/Agencies (select any/all)

- Have written agreement with this entity
- Provide financial support to this entity

Module O: Information and Assistance (Continued...)

Local/Community Entities (select any/all)

Private Entities (select any/all)

Other (select any/all)

2. Describe the activity

The Rhode Island Assistive Technology Access Partnership (ATAP) is designed as a statewide partnership of organizations, each with a targeted assistive technology focus, working together to improve access to and acquisition of assistive technology for individuals with disabilities. ATAP's main initiatives include: Device Demonstration, Device Loan, Device Re-Use, Training, Public Awareness, Collaboration, Information & Referrals. ATAP Partners include Adaptive Telephone Equipment Loan Program (ATEL), West Bay Educational Collaborative (WBEC), Ocean State Center for Independent Living (OSCIL), and TechACCESS of RI. A consumer can contact any of the four sites for information either by phone or via email.

Assurances and Measurable Goals

Section 4(d) of the AT Act prescribes the duties of the Lead Agency receiving a grant under section 4 of the AT Act and requires the State to provide a number of assurances in its application for funds. 34 CFR part 76 also requires that any State Plan include certain assurances. The Statewide AT Program certifying representative will attest to these assurances and other requirements below and by submitting the State Plan, will affirm that to the best of his or her knowledge and belief all information provided in the State Plan is true and correct and the State Plan fully discloses all known weaknesses concerning the accuracy, reliability, and completeness of the information.

Assurances

As the Certifying Representative of the Lead Agency for the State of , I hereby assure the following:

1. The Lead Agency prepared and submitted this State Plan on behalf of the State of Rhode Island .
2. The Lead Agency submitting this plan is the State agency that is eligible to submit this plan and if an Implementing Entity is identified it is designated to implement the required AT Act activities.
3. The State agency has authority under State law to perform the functions of the State under this program.
4. The State legally may carry out each provision of this plan.
5. All provisions of this plan are consistent with State law.
6. A State officer, specified by title in this certification, has authority under State law to receive, hold, and disburse Federal funds made available under the plan.
7. The State officer who submits this plan, specified by title in this certification, has authority to submit this plan.
8. The agency that submits this plan has adopted or otherwise formally approved this plan.
9. The plan is the basis for State operation and administration of the program.
10. The Lead Agency will maintain and evaluate the program under this State Plan.
11. The State will annually collect data related to the required activities implemented by the State under this section in order to prepare the progress reports required under subsection 4(f) of the Act.
12. The Lead Agency will submit the annual progress report on behalf of the State.
13. The State will prepare reports to the Secretary in such form and containing such information as the Secretary may require to carry out the Secretary's functions under this Act and keep such records and allow access to such records as the Secretary may require to ensure the correctness and verification of information provided to the Secretary.
14. The Lead Agency will control and administer the funds received through the grant.
15. The Lead Agency will make programmatic and resource allocation decisions necessary to implement the State Plan.
16. Funds received through the grant will be expended in accordance with Section 4 of the Act, and will be used to supplement, and not supplant, funds available from other sources for technology-related assistance, including the provision of assistive technology devices and assistive technology services.
17. The Lead Agency will ensure conformance with all applicable Federal and State accounting requirements.
18. The State will adopt such fiscal control and accounting procedures as may be necessary to ensure proper disbursement of and accounting for the funds received through the grant.
19. Funds made available through a grant to a State under this Act will not be used for direct payment for an assistive technology device for an individual with a disability.
20. A public agency or an individual with a disability holds title to any property purchased with funds received under the grant and administers that property.
21. The physical facility of the Lead Agency and Implementing Entity, if any, meets the requirements of the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.) regarding accessibility for individuals with disabilities. Section 4(d)(6)(E)
22. Activities carried out in the State that are authorized under this Act, and supported by Federal funds received under this Act, will comply with the standards established by the Architectural and Transportation Barriers Compliance Board under section 508 of the Rehabilitation Act of 1973 (20 U.S.C. 794d). Section 4(d)(6)(G)
23. The Lead Agency will coordinate the activities of the State Plan among public and private entities, including coordinating efforts related to entering into interagency agreements.
24. The Lead Agency will coordinate efforts related to the active, timely, and meaningful participation by individuals with disabilities and their family members, guardians, advocates, or authorized representatives, and other appropriate individuals, with respect to activities carried out through the grant.
25. The Lead Agency or Implementing Entity will conduct outreach to and as appropriate, collaborate with other State agencies that receive Federal funding for assistive technology including –
 - a. The State educational agency receiving assistance under the Individuals with Disabilities Education Act (20 U.S.C.1400 et seq.);
 - b. The State vocational rehabilitation agency receiving assistance under title I of the Rehabilitation Act of 1973 (29 U.S.C. 720 et seq.);
 - c. The agency responsible for administering the State Medicaid program under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.); The State agency receiving assistance under the Older Americans Act of 1965 (42 U.S.C. 3001 et seq.); and
 - d. Any other agency in a State that funds assistive technology.